Arizona Department of Health Services
Office for Children with Special Health Care Needs
Integrated Services Grant

Statewide Task Force
Meeting Minutes
November 29, 2005

MEETING ITEM	SPEAKER	DISCUSSION	ACTION ITEMS
Welcome	Jeanette Shea-Ramirez, Deputy Assistant Director, Division of Public Health Services	Ms. Shea Ramirez welcomed the partners. We need to determine how to make sure services work for all children. She said that the partners are the flashlight that will illuminate the path for integrated services.	
Introductions	Cathryn Echeverria, Office Chief, Children with Special Health Care Needs	Ms. Echeverria welcomed everyone and led introductions.	
Agenda Review	Linda Cannon, Linda Cannon & Associates, Inc.	Linda reviewed the agenda and the documents to be used during the meeting.	
Survey Results	Jacquilyn Kay Cox, Ph.D, Section Manager, Office for Children with Special Health Care Needs	Dr. Cox presented the preliminary survey results and asked any participants that had not yet completed the survey to please complete and send it. The survey is providing valuable information about the future directions of the Task Force and Committees.	The results of the survey to be posted to the web site.
Committee Structure and Tasks	Linda Cannon	Linda reviewed the committee structure and objectives with the partners and led a discussion about what will be different for children and families and the system for the new system. See Attachment B for a summary.	The results of this discussion will be reviewed with the Project Goals, Committee

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			Objectives for discussion at the next meeting.
Integration is Important	Marta Urbina	Ms. Urbina provided background information about her family and introduced them to the Task Force via a photo presentation. The importance of integration was presented from the perspective of her family and their journey to access services and supports for their children. Included in the presentation were the following points: • The diagnosis provided an opportunity for services but there was an unbelievable amount of paperwork. The same paperwork completed multiple times such as medical releases forms. • Acknowledge the family culture and language. Be mindful of how culture impacts what is happening and the ability to access supports and services. • Integration provides families the opportunity to be families – more efficiency in the system provides more time for families. • Transition - Struggling with adult care providers – to be able to partner in the care as adults has been difficult. • The overall message (from Dad) to the Task Force is – don't allow personal and professional agenda to get in the way of integration. Don't let finances get in the way of integration either. Work in a true partnership. Take risks and give up some of your control.	
Action Update	Task Force Partners	Linda introduced this agenda item as a possible standing item to allow the Partners to provide updates on integration activities and opportunities. • Todd Lewis reported that an ARMA Sub-Committee has asked to become part of this initiative. They have finalized a plan. Karla	Request that Karla Birkholz provide an update on the ARMA Subcommittee on Access to Care for Adolescents."

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		Birkholz, who is also on this Task Force is the Chair of the Subcommittee. • Jill Wendt indicated that Behavioral Health Services has a Child & Family Team initiative that is designed to put the family in control of decision making regarding treatment & support plans. • Kim Van Pelt with Children's Action Alliance said they are working on an Outreach for KidsCare initiative that may identify other opportunities for integration. • Dr. Raun Melmed, SARRC said they are having their fourth meeting on Monday to look specifically at treatment for autism in an integrated fashion. Autism doesn't fit in any of the systems. They need to be able to connect to behavioral health services. APIPA and the Phoenix Health Plan are involved.	
Communication	Linda Cannon Todd Lewis	The web address is www.azis.gov. All of the documents produced will be on the web site. Links to all organizations are also being added.	
		Members Area ADHS is obtaining a learning management system which will allow classes to be offered, implementation of the list serv, opportunity to submit questions via Internet and web casts. This will provide an additional vehicle for communication.	
		Project Abstract Form The Project Abstract Form was included in the packet. Todd explained that when someone has an idea for integration, it can be posted to the web site and will allow the Committees and Task Force to communicate. The form will be on the web site.	
Committee Updates		The Cultural Competency Committee and the Quality Improvement Committees have met and have begun to	

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		review their role.	
		To add people to the committees contact by email – Todd Lewis; Jill Kipnes; Jacquilyn Cox	
Next Steps & Next Meeting	Linda Cannon	<u>Next Agenda</u>: • Task Force Vision • Committee Charge • Committee Update <u>Next Meeting:</u> First week of February – Thursday, Feb 2; 11:00 AM to 1:00 PM at SARRC • Consider moving the meeting to other sites	
Closing	Cathryn Echeverria	Cathryn thanked the partners for their participation and adjourned the meeting.	

Attachment A – Participants

- Adrienne Akers
- Sundin Applegate
- Oly Cowles
- Jacquilyn Cox
- Diana Denboba
- Molly Dries
- Cathryn Echeverria
- Mary Gill
- Patti Hackett
- Becky Hamblin
- Marc Leib
- Gifford Loda
- Raun Melmed
- Joyce Millard-Hoie
- Laura Nelson
- Becky Raabe
- Jeanette Shea-Ramirez
- Sheila Sjolander
- Jami Snyder
- Sue Stephens
- Roy Teramoto
- Kim Van Pelt
- Rodrigo Villar
- Mary Warren
- Kathy Watters
- Jil Wendt
- Leslie Williams
- Ric Zaharia

Attachment B: Discussion: With integrated services, what is different for kids, families and in the system of services?

<u>An integrated system is different for Children in the following ways:</u>

1. Children with special health care needs will participate in the same activities as children without special health care needs (with supports)	7. More concentration for well care
2. Children do not have to go to different places to get services – funding would follow the clinical standard of care	8. Measures of improvement in overall health status
3. Reallocation of resources anywhere in the state	• Access to PCPs
4. Children will experience improvement in outcomes and improvement in access to care • Equalizing access could decrease quality • Need to baseline quality before we change the system	• Establish a baseline for EPSDT
5. It will be easier for youth to transition to adult services and the community, if the services are integrated	9. Children have access to a variety of choices / supports – as part of the system, open up the processes
6. Children feel the system is there for them. The system of care is there to enhance their capabilities (all systems – not just health care). The System of care should include: • Education • Health Care • Developmental • Oral • Communication • Transportation • Juvenile Justice • Social Services (Domestic Violence, TANF, child abuse prevention, etc.) The Foster Care system	10. Each child has computerized records – disk

An Integrated Service System is different for Families in the following ways:

1. Control to families to self-direct – They are working the system - have the resources and can buy what they need – pilot / demonstration project – families have the authority to buy what they need.	8. Transition from pediatric to adult care – physical, psychological mind set (with adult children the families decisions are all now questioned as if they are no longer acting in the best interest of their child? In accessing the adult care system, there is a shifted to families being questioned.
Example: • See Child and Family Teams in Behavioral Health • There is a focus on wellness • Internet access to information • Pushing / moving choice to families	9. The system responds to end of life issues – with the family as part of the picture with adult children
2. Families as the lead decision maker • Reduces stress and frustration	10. The child welfare system is involved to address potential for abuse / neglect when families are not involved, etc. 11. Integrated human services system – recognize families need support up front / prevention.
3. Families access a "real" person - Not an automated voice	12. Families have access to really good information that is family friendly and culturally appropriate.
4. Qualified, trained people to work in the environment with family as the lead	13. Families have access to a variety of different strategies and perspectives • Families have a safe place to say – I need some help. • Respectful • Broaden the view of the child and family's needs beyond the child's special health care needs to the families needs (For example, domestic violence).
5. Culturally appropriate and provided in the language of the family – with integration we can do this	14. Families could have somewhat of a normal family life – time available for other things
6. Starting with the positives of the family	15. Families know what services cost
7. Systems look at broad definitions – the same definitions are used across the systems	16. Families have help with access to therapy for self and siblings
	17. Defining the role as "supportive" families

Service Systems are:

1. Families are able to access and complete an application for multiple programs through a web-based integrated process	11. Partnership with families and youth	21. Comprehensive
2. System selection and access to multiple providers and that are adequately reimbursed	12. Medical community is a partner in the systems integration	22. One system that is family oriented – community-centered and seamless
3. Federal perspective – remove the funding silos – blended, pooled to better meet the needs of families and communities. This will help integration	13. Less bureaucratic, as systems are collaborative	23. User friendly and family directed
4. Heightened awareness and knowledge of other elements – Health Care – Non-Health Care – understanding of services and supports	14. More credible resources for families with special needs	24. Private / public partnerships
5. Individualized, flexible, friendly, responsive to the needs of families, proactive, equitable for all and synergistic	15. Systems of care catch up with technological advances	25. Communicate to the point of seamlessly looking like a single system
6. Easily accessible, family friendly, all using the same database that is adequately protected for confidentiality	16. Fully funded	26. Open doors for families – They welcome all families.
7. Co-located team – cross disciplinary and holistic – adapt to family system – integrate health, education and social services into one unit not separate – one continuum – accessible / timely by family	17. Talking to each other – coordinating with each other – collaboration	27. Provide timely services sensitive to the needs of families
8. Truly family driven (also in terms of funding)	18. Know each other's programs, capabilities and people (relationships)	28. Available, affordable, accountable, family centered, easy to navigate and geared toward prevention
9. Comprehensive services are provided when service systems communicate about their programs with other services systems and personally help families access support services as needed from other agencies / organizations	19. Do not create barriers to access to care	29. Available, affordable, accountable, family centered, easy to navigate and geared toward prevention
10. Culturally appropriate and in family's own language	20. Incentives exist that facilitate easy access to affordable, appropriate care	